

**HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 4 hours after death. Page 4  
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7175				07164	
1. PLACE OF DEATH a. COUNTY <b>St. Marys</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b>		b. COUNTY <b>St. Marys</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Leonardtown</b>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Lexington Park</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>St. Marys Hospital</b>		e. STREET ADDRESS <b>Rural</b>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Joseph</b>		First	Middle	Last	4. DATE OF DEATH <b>June 23 1961</b>
5. SEX <b>male</b>		6. COLOR OR RACE <b>colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 6, 1907</b>	9. AGE (In years last birthday) <b>53 yrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>George Campbell</b>		14. MOTHER'S MAIDEN NAME <b>Julia Johnson</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT <b>James Campbell - Hollywood, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>163X</b>		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 mo</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <b>15 Jan 1961</b> to <b>23 June 1961</b> , that (I) (we) last saw the deceased alive on <b>23 June 1961</b> , and that death occurred at <b>M</b> , from the causes and on the date stated above.		22b. DATE SIGNED <b>6/24/61</b>			
22c. SIGNATURE <b>Ernest Rehm, MD</b>		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS <b>Leonardtown, Md.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>6/27/61</b>		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <b>Holy Face Cemetery</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <b>P. H. ROBINSON</b>		25a. REC'D BY REGISTRAR DATE <b>JUN 28 '61</b>		25b. REGISTRAR'S SIGNATURE <b>Caroline S. Evans</b>	



**HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be signed by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

**MARYLAND STATE DEPARTMENT OF HEALTH**  
**DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

7176

07165

**CERTIFICATE OF DEATH**

1. PLACE OF DEATH a. COUNTY <b>St. Mary's</b>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE <b>Maryland</b>		b. COUNTY <b>St. Mary's</b>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Leonardtown</b>		c. LENGTH OF STAY IN 1b <b>2 days</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Great Mills</b>		d. STREET ADDRESS <b>X</b>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>St. Mary's Hospital</b>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Margaret</b>		First <b>L.</b>	Middle <b>.</b>	Last <b>Dyson</b>	4. DATE OF DEATH <b>June 22, 1961</b>	Month <b>June</b>	Day <b>22</b>	Year <b>1961</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/></b>		8. DATE OF BIRTH <b>Sept. 12, 1885</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (County & State, or foreign country) <b>Maryland</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR <b>75 yrs.</b>		
13. FATHER'S NAME <b>James A. Watts</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Elizabeth Martin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		IF UNDER 24 HRS. Months Dey Days Hours Min.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war record dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Brent Dyson</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b> DUE TO <b>Coronary Insufficiency</b> INTERVAL BETWEEN ONSET AND DEATH <b>min.</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <b>Bilateral Synchymusing</b> days (b) DUE TO (c)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <b>April 19 1961</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <b>Great Mills, Maryland</b>		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from <b>April 1961</b> to <b>June 22 1961</b> , that (I) (we) last saw the deceased alive on <b>6/22/1961</b> , and that death occurred at <b>9:30 AM</b> , from the causes and on the date stated above.		22a. SIGNATURE <b>James P. Jarboe</b>		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <b>22 June 1961</b>		
22c. PHYSICIAN'S NAME (Type) <b>James P. Jarboe M.D.</b>		22d. ADDRESS <b>Great Mills, Maryland</b>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>6/26/61</b>		23c. NAME OF CEMETERY OR CREMATORIAL <b>Holy Face Cemetery</b>		23d. LOCATION (City, town or county) (State) <b>Great Mills, Md.</b>		
24 FUNERAL DIRECTOR'S SIGNATURE <b>W. Clarke Mattingley Leonardtown, Maryland</b>		ADDRESS		25a. REC'D BY REGISTRAR <b>DATE JUN 28 '61</b>		25b. REGISTRAR'S SIGNATURE <b>Carroll S. Greene</b>		

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**Hospital or Attending Physician:** The law requires that the death certificate be executed within 4 hours after death. Page 4  
**To Funeral Director:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

**MARYLAND STATE DEPARTMENT OF HEALTH**  
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH**

7177		Item 9 claim G209 6/20/61 iwk		07166	
1. PLACE OF DEATH a. COUNTY <b>St. Marys</b>		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Lexington Park</b>		c. LENGTH OF STAY IN lb MARYLAND	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Lexington Park</b>		f. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <b>VERNON</b>		4. DATE OF DEATH <b>JUNE 22 1961</b>		Month Day Year	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
				8. DATE OF BIRTH <b>12/10/1905</b>	
9. AGE (In years last birthday) <b>55</b>		10. IF UNDER 1 YEAR Months <b>56</b> Days <b>rs.</b>		11. IF UNDER 24 HRS. Hours <b>56</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	
13. FATHER'S NAME <b>Thomas Hardin</b>		14. MOTHER'S MAIDEN NAME <b>Dakota Boone</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>263 26 4599</b>		17. INFORMANT <b>Frances L. Hardin - Lexington Park, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>Ventricular Fibrillation</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)		<i>Myocardial infarction</i>			
DUE TO <i>ASCI VD</i>		<i>min</i>			
(c)		<i>Chronic Cholecystitis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <b>JULY 1960</b> to <b>JUNE 22 1961</b> , that (I) (we) last saw the deceased alive on <b>JUNE 22 1961</b> , and that death occurred at <b>10:30 PM</b> , from the causes and on the date stated above.		22b. DATE <b>6/23/61</b>			
22a. SIGNATURE <i>James P. Jarboe</i>		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS <b>Great Mills, Maryland</b>	
22c. PHYSICIAN'S NAME (Type) <b>James P. Jarboe, MD</b>		23d. LOCATION (City, town, or county) (State) <b>Great Mills, Maryland</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>6/26/61</b>		23c. NAME OF CEMETERY OR CREMATORIAL <b>Ebenezer Cemetery</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <b>P.B. Robinson - Leonardtown, Md.</b>		ADDRESS		25a. REC'D BY REGISTRAR DATE <b>JUN 27 1961</b>	
				25b. REGISTRAR'S SIGNATURE <b>Arthur S. Kline</b>	



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7178

## CERTIFICATE OF DEATH

07167

**HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be signed by the hospital or attending physician.

**FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <b>St. Mary's</b>		2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. STATE <b>Maryland</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Mechanicsville</b>		c. LENGTH OF STAY IN 1b <b>13 yrs</b>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Eleanor</b>		First <b>Virginia</b>	Middle <b>Lawrence</b>
4. DATE OF DEATH <b>June 24, 1961</b>		Month <b>June</b>	Day <b>24</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <b>Nov. 15, 1945</b>		9. AGE (In years last birthday) <b>15 yrs.</b>	10. IF UNDER 1 YEAR Months <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School child</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) <b>Abell, Maryland</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Francis M. Lawrence</b>	
14. MOTHER'S MAIDEN NAME <b>Anna Mae Nelson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Father</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) <b>197.1</b>		19. WAS AUTOPSY PERFORMED? Address <b>Same as # 2</b>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b). <b>DUE TO</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
DUE TO <b>DUE TO</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b)		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) <b>Morganza,</b>		(County) <b>Md.</b>	
(State) <b>Md.</b>		22b. DATE SIGNED	
21. I certify that (I) (this hospital) attended the deceased from <b>Feb 1961</b> , to <b>June 24, 1961</b> , that (I) (we) last saw the deceased alive on <b>6/23/1961</b> , and that death occurred at <b>11 A.M.</b> from the causes and on the date stated above.		22c. SIGNATURE <b>J. Roy Gauthier</b>	
22c. PHYSICIAN'S NAME (Type) <b>J. Roy Gauthier, MD</b>		M.D. <input type="checkbox"/> ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS <b>Mechanicsville, Maryland</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>6/27/61</b>	23c. NAME OF CEMETERY OR CREMATORIAL <b>St. Joseph</b>
24 FUNERAL DIRECTOR'S SIGNATURE <b>W. Clarke Mattingley</b>		ADDRESS <b>Leonardtown, Maryland</b>	25e. REC'D BY REGISTRAR DATE JUN 28 '61
			25b. REGISTRAR'S SIGNATURE <b>Arthur S. Tamm</b>

6

**MARYLAND STATE DEPARTMENT OF HEALTH**  
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND  
**CERTIFICATE OF DEATH**

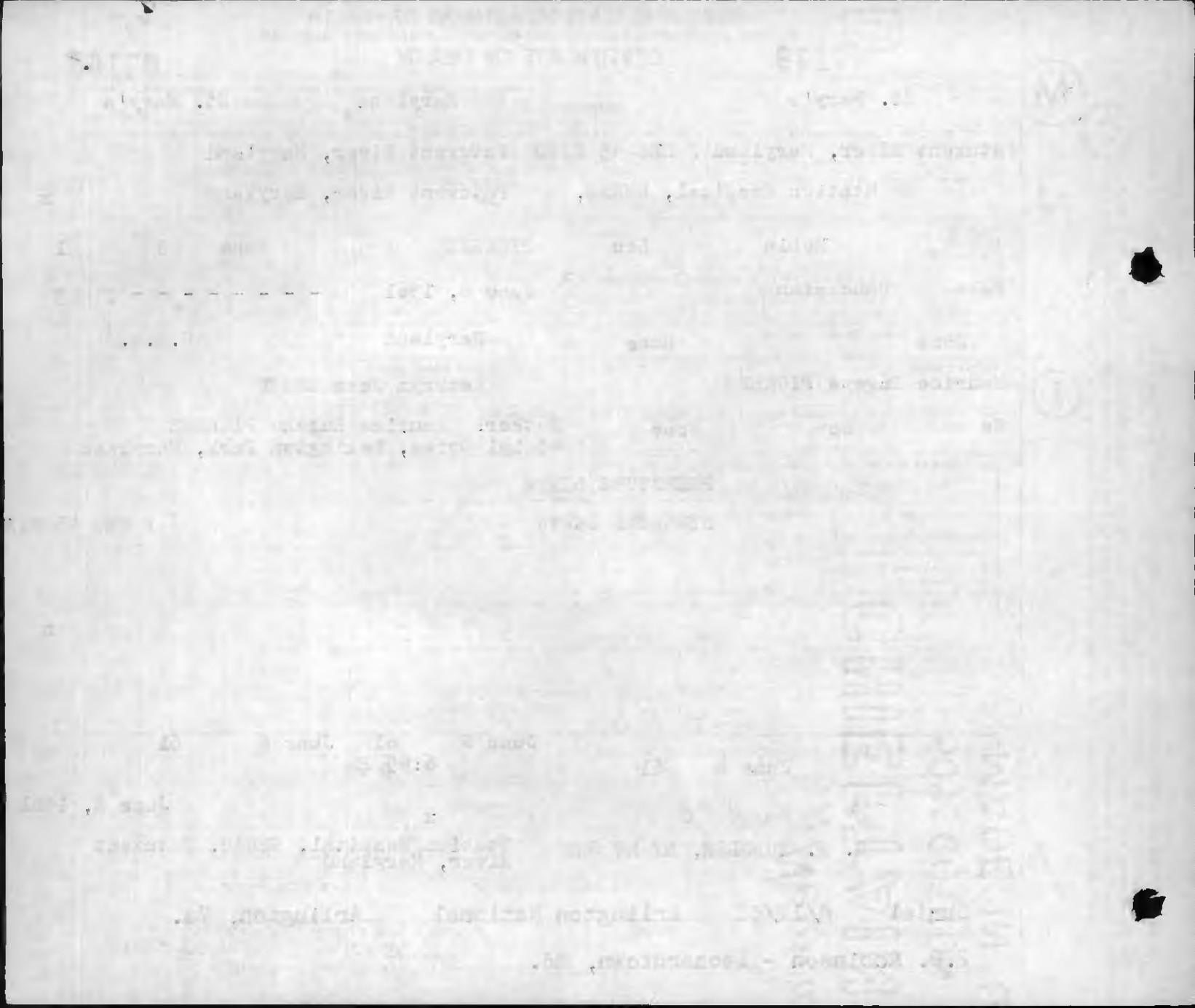
7179

07168

1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River, Maryland		c. LENGTH OF STAY IN 1b 2 HRS 45 MINS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Station Hospital, USNAS,		e. STREET ADDRESS Patuxent River, Maryland	
3. NAME OF DECEASED (Type or print) First Robin Middle Lee Last PICKENS		4. DATE OF DEATH Month June Day 8 Year 1961	
S. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Maurice Eugene PICKENS		14. MOTHER'S MAIDEN NAME Kathryn Jean SNEED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, name or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. None	
17. INFORMANT Father: Maurice Eugene PICKENS 43 Lei Drive, Lexington Park, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
774X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO NEONATAL DEATH		2 HRS 45 MIN	
DUE TO NEONATAL DEATH (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from June 8 1961 to June 8 1961, that (I) (we) last saw the deceased alive on June 8 1961, and that death occurred at M, from the causes and on the date stated above.		22b. DATE June 8, 1961	
22a. SIGNATURE <i>S. F. Rudolph.</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) S. F. RUDOLPH, LT MC USN		22d. ADDRESS Station Hospital, USNAS, Patuxent River, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6/12/61	
23c. NAME OF CEMETERY OR CREMATORIAL Arlington National		23d. LOCATION (City, town, or county) Arlington, Va. (State)	
24. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		ADDRESS	
		25a. REC'D BY REGISTRAR DATE JUN 13 '61	
		25b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
 To be retained by the hospital or attending physician.

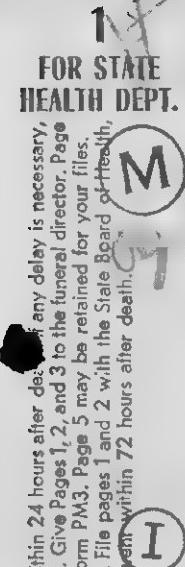
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FOR STATE  
HEALTH DEPT.

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  
TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

V.S. AT5ME  
5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH  
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7180

07169

1. PLACE OF DEATH  
a. COUNTY

St. Marys

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN 1B

DOA

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

St. Marys Hospital

3. NAME OF  
DECEASED  
(Type or print)

Joseph

First

Middle

Last

5. SEX

6. COLOR OR RACE

male

colored

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

7. MARRIED  NEVER MARRIED

8. DATE OF BIRTH

WIDOWED

DIVORCED

March 24, 1922

IDb. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Laundry

Address

13. FATHER'S NAME

James B. Somerville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or date of service)

yes

WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Catherine C. Somerville - Loveville, Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a)

Coronary infarct

DUE TO

(b)

Conditions, if any, which  
gave rise to immediate cause  
(a), stating the underlying  
cause last.

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED?

YES  NO

20e. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING   
CAUSE OF DEATH.

2D. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year  
Hour a.m. p.m. 19

2Dd. INJURY OCCURRED While Not While  
at work  at work

2Df. PLACE OF INJURY (Home, farm,  
factory, street, office bldg., etc.)

(County)

(State)

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion  
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

6/3/61

ACTUAL  
SIGNATURE

*Wm. D. Boyd*

EXAMINER'S  
NAME (Type)

Wm. D. Boyd, MD

Leonardtown, Md.

(State)

22e. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

22b. DATE THEREOF

6/6/61

22c. NAME OF CEMETERY OR CREMATORIUM

St. Joseph's

22d. LOCATION (City, town, or county)

Morganza, Maryland

(State)

23. FUNERAL DIRECTOR

J.B. Robinson

J.B. Robinson - Leonardtown, Md.

ADDRESS

24e. REC'D BY REGISTRAR

JUN 6 '61

24b. REGISTRAR'S SIGNATURE

Arthur S. Kraus



**HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be filed within 24 hours after

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7181 CERTIFICATE OF DEATH

07170

1. PLACE OF DEATH  
a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN lb

14 hrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

St. Mary's Hospital

3. NAME OF  
DECEASED  
(Type or print)

First William

Middle Hosea

Last Sorrell

4. SEX

6. COLOR OR RACE

Male

Colored

7. MARRIED  NEVER MARRIED

8. DATE OF BIRTH

WIDOWED

DIVORCED

April 4, 1902

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (County & State, or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Hosea Sorrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Maria Johnson

Address

Mrs Pearl T. Sorrell Abell, Maryland

18. CAUSE OF DEATH (Enter only one cause for use for (e), (b), and (c).)

PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a)

450.0

DUE TO

Conditions, if any, which  
gave rise to immediate cause  
(a), stating the underlying  
cause last.

(b)

DUE TO

(c)

Myocardial Failure  
Generalized Arteriosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

24 hours

MEDICAL CERTIFICATION

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)

Cerebral g Lew & Acute.

19. WAS AUTOPSY  
PERFORMED?

YES  NO

20a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year  
Hour a.m. While at work   
p.m. 19 Not While at work

20d. INJURY OCCURRED  
While at work   
Not While at work

20e. PLACE OF INJURY (Home, farm,  
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from 30 June 1961 to 30 June 1961, that (I) (we) last  
saw the deceased alive on 30 June 1961, and that death occurred at M, from the causes and on the date stated above.

22a. SIGNATURE

Ernest Rehm

M. D.

M.D.

ATTENDING  
PHYS.

MED.  
DIRECTOR

STAFF  
PHYS.

22d. ADDRESS

22b. DATE  
SIGNED

2 July 61

Lexington Park, Maryland

23a. BURIAL, CREMATION 23b. DATE THEREOF

Burial

7/4/61

23c. NAME OF CEMETERY OR CREMATORIAL

Sacred Heart

23d. LOCATION (City, town or county)

(State)

Bushwood, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

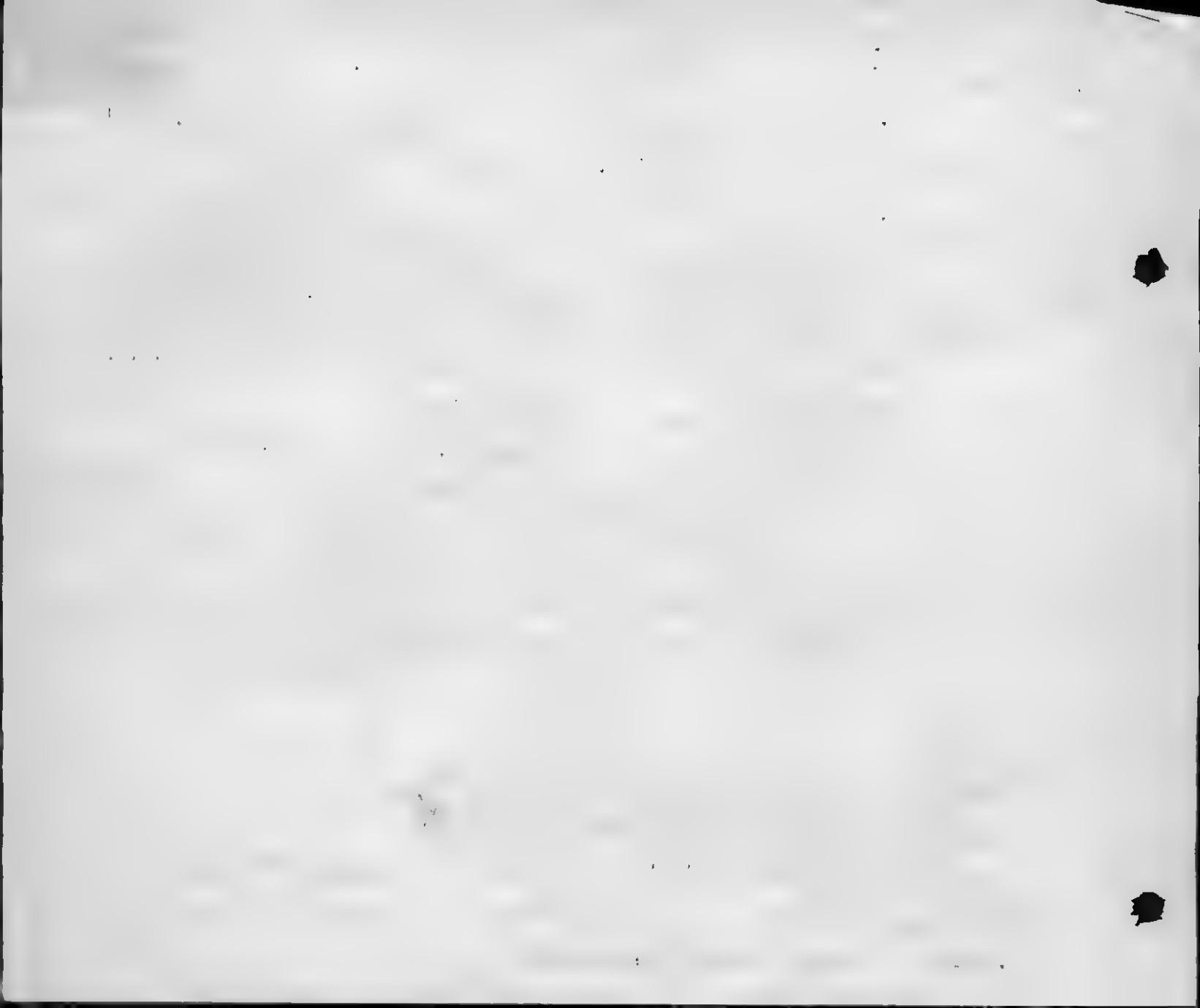
ADDRESS

25a. REC'D BY REGISTRAR

JUL 5 '61

25b. REGISTRAR'S SIGNATURE

Arthur S. Kraus



1 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 07171

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute it in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be mailed to the Chief Medical Examiner's Office along with Farm PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the register prior to burial or removal.

1. PLACE OF DEATH a. COUNTY <i>St. Mary's</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Chaptico</i>		b. COUNTY <i>St. Mary's</i>	
c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>X Rural Chaptico</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <i>J. Parran Vallandingham</i>		4. DATE OF DEATH Month <i>June</i> Day <i>17</i> Year <i>1961</i>	
S. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>July 29 1913</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Store Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY	
10c. BIRTHPLACE (State or foreign country) <i>Md.</i>		11. BIRTHPLACE (State or foreign country) <i>U.S.A.</i>	
13. FATHER'S NAME <i>William L. Vallandingham</i>		14. MOTHER'S MAIDEN NAME <i>Bessie M. Quade</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Bessie M. Vallandingham Leonardtown</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH <i>Md.</i>	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <i>916.0</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b).  DUE TO <i>b</i>		Conflagration burns, massive, with CO intoxication	
DUE TO <i>c</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Accidental fire</i>	
20c. TIME OF INJURY Month, Day, Year Hour <i>6</i> m. <i>6/17</i> 19 <i>61</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>home</i>	
20f. (City or town) <i>Chaptico, St. Mary's, Md.</i>		(County) <i>St. Mary's</i> (State) <i>Md.</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>W. Bradley King, Jr.</i>		DATE SIGNED <i>6/18/61</i>	
EXAMINER'S NAME (Type) <i>W. Bradley King, Jr.</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>6/20/61</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Sacred Heart Cemetery</i>		22d. LOCATION (City, town, or county) <i>Bushwood, Maryland</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. Clarke Mattingley Leonardtown, Maryland</i>		24a. REC'D BY REGISTRAR <i>C. J. Thorne</i>	
ADDRESS		DATE <i>JUN 20 '61</i>	
24b. REGISTRAR'S SIGNATURE <i>C. J. Thorne</i>			



1  
FOR STATE  
HEALTH DEPT.



TO DIVISION OF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

183  
MARYLAND STATE DEPARTMENT OF HEALTH  
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07172

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland	
St. Marys MARYLAND		b. COUNTY St. Marys	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point Lookout		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ridge	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rural		d. STREET ADDRESS Rural	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH June 17 1961	
First RONALD		Middle TRAVIS	Last VESTAL
Last		Month	Day
5. SEX M		6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>
		WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life Guard		11b. KIND OF BUSINESS OR INDUSTRY Hotel	
13. FATHER'S NAME Alton Leo Vestal		11. BIRTHPLACE (State or foreign country) Philadelphia, Penn. USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216 40 8583	
(If yes give rank, number of service)		17. INFORMANT Warren Bradburn - Ridge, Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  812X Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 0	
DUE TO (b)  SKULL FRACTURE		0	
DUE TO (c)  TRAUMA (Hit by Auto)		<hr/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20e. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED While Not While at work at work X State highway Point Lookout, St. Marys, Md.	
20c. TIME OF INJURY Month, Day, Year Hour XXX p.m. 6/17 1961		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ACTUAL SIGNATURE James P. Jarboe EXAMINER'S NAME (Type) James P. Jarboe, MD	
22e. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/20/61	
22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS St. Michaels Cem.		22d. LOCATION (City, town, or county) Ridge, Maryland	
23. FUNERAL DIRECTOR O. Robinson P.B. Robinson - Leonardtown, Md.		24e. REC'D BY REGISTRAR JUN 21 '61	
		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

